THO VOLUMED District of Trustian			B(16)	Social Socurity N	NJ Gross Income			
Calendar Year – Due APRIL 15, 2020 Check if Paid Preparer Filed Last Name, First Name, Initial		1 - OFF	CIAL USE ONLY	Social Security N	- lumber (required)	Spouse	- Land Partitier 3	- Land Security Number
money order to ensure proper credit for this payment. If you are a married/civil union couple, filing jointly, be sure that the Social Security number that is first on this payment voucher is the Social Security number on your check and is listed first when ling your Income Tax return. Make Checks Payable to: State of New Jersey Indicate the return for which payment is being made by checking the appropriate				Last Name, First	Name, Initial			
De Social Security number that is first on this payment voucher is the Social Security number on your check and is listed first when ling your Income Tax return. City, Town, Post Office City, Town, Post Office State Indicate the return for which payment is being made by checking the appropriate R NJ-1040NR F NJ-1040NR R Enter amount of payment here:				Home Address (N	Number and Street, inc	luding apartmen	t number)	
Make Checks Payable to: THIS VOUCHER CANNOT BE USED TO PAY DELINQUENT TAXES. State of New Jersey R 06 NJ-1040NR F NJ-1040NR 06 NJ-1040 NJ-1040NR F NJ	ne Social Security numb ne Social Security numb	er that is fi er on your	rst on this payment voucher is	City, Town, Post	Office		State	ZIP Code
	THIS VOUCHER CANNOT BE USED TO PAY		Division of Taxation Revenue Processing (PO Box 222		R 06 NJ-1040 Enter amount of payr	N 16	NJ-1040NR	F NJ-1041
012090000000000000000201200000000000			01209000000	0000000000000	2012000000000000	00		
Cut Along Dotted Line				Cut Along Dot	ted Line			

Cut Along Dotted Line

		88350	NJ Gross Income Tax Declaration of Estimated Tax						
==		P. 28	Social Security N	umber (required)	Spouse	/CU Partner S	ocial Security Num	nber	
NJ-1040-ES 2020	1 - OFF	ICIAL USE ONLY							
Calendar Year – Due JUNE 15, 2020	Voucher 2	Check if Paid Preparer Filed	Last Name, First	Name, Initial	·				
Be sure to include your Social Security number on your check or money order to ensure proper credit for this payment.			Home Address (Number and Street, including apartment number)						
*		ole, filing jointly, be sure that							
	ber on your	irst on this payment voucher is check and is listed first when	City, Town, Post	Office		State	ZIP Code		
		01.1. (1)		Indicate the return for v	which payment is be	ing made by che	ecking the appropriate	e box	
THIS VOUCHER CANNOT BE USED TO PAY DELINQUENT TAXES. Division of Taxation Revenue Processi PO Box 222		State of New Jersey Division of Taxation		R 06 NJ-1040	N 16	NJ-1040NR NJ-1080C	F NJ-1	041 041SB	
		Revenue Processing C PO Box 222 Trenton, NJ 08646-022		\$ pay	ment here:]		

		100355		NJ Gross	Income Tax	Declarat	ion of Estima	ited Tax	
NJ-1040-ES		D.38	Social Security N	Social Security Number (required) Spou			use/CU Partner Social Security Number		
2020	1 - OFF	ICIAL USE ONLY				ᆚ			
Calendar Year – Due SEPTEMBER 15, 2020	Voucher 3	Check if Paid Preparer Filed	Last Name, First	Name, Initial					
Be sure to include your money order to ensure p		rity number on your check or t for this payment.	Home Address (Number and Str	reet, including	g apartmer	nt number)		
the Social Security num	per that is fi per on your	ole, filing jointly, be sure that irst on this payment voucher is check and is listed first when	City, Town, Post	Office			State	ZIP Cod	le
Make Checks Paya THIS VOUCHER CANNOT BE USED TO PAY DELINQUENT TAX		State of New Jersey Division of Taxation Revenue Processing (PO Box 222 Trenton, NJ 08646-02		R	1040	N 16	eing made by ch NJ-1040NR NJ-1080C	ecking the app F 26	ropriate box NJ-1041 NJ-1041SB
		0120900000	000000000000	2012000000	000000				
			Cut Along Do	tted Line					

Cut Along Dotted Line

		86355	NJ Gross Income Tax Declaration of Estimated Tax						
N. 1 40 40 E0		P. 28	Social Security N	umber (required)	Spouse/CU F	e/CU Partner Social Security Number			
NJ-1040-ES 2020	1 - OFFI	CIAL USE ONLY				-			
Calendar Year – Due JANUARY 15, 2021	Voucher 4	Check if Paid Preparer Filed	Last Name, First	Name, Initial					
Be sure to include your Social Security number on your check or money order to ensure proper credit for this payment.			Home Address (Number and Street, including apartment number)						
•		le, filing jointly, be sure that							
	per on your	rst on this payment voucher is check and is listed first when	City, Town, Post (Office	Sta	ite	ZIP Code		
Make Checks Paya THIS VOUCHER CANNOT BE USED TO PAY DELINQUENT TAX		State of New Jersey Division of Taxation Revenue Processing C PO Box 222 Trenton, NJ 08646-022		Indicate the return for which p R 06 NJ-1040 Enter amount of payment	N NJ-1	ade by checkii 1040NR 1080C	ng the appropriate box F NJ-1041 NJ-1041SB		